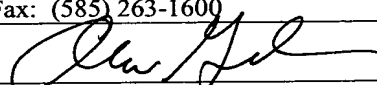
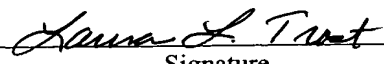


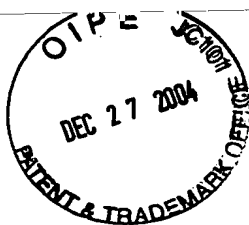


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|---|----------------------|------------------------|--------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/596,958 | |
| | Filing Date | June 20, 2000 | |
| | First Named Inventor | Kim et al. | |
| | Group Art Unit | 1638 | |
| | Examiner Name | Anne R. Kubelik | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 19603/3286 (CRF D-2062B) |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Notice of Appeal and Request for Three-Month Extension of Time) (\$760) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check in the amount of \$ <u>760</u> |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Andrew K. Gonsalves Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1658 Fax: (585) 263-1600 |
| Signature |  Registration No. 48,145 |
| Date | December 21, 2004 |

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AF/1638
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PATENT
Docket No.: 19603/3286 (CRF D-2062B)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | | |
|------------|---|---------------------------------------|---|-----------------|
| Applicants | : | Kim et al. |) | Examiner: |
| | | |) | Anne R. Kubelik |
| Serial No. | : | 09/596,958 |) | |
| | | |) | Art Unit: |
| Cnfrm. No. | : | 5427 |) | 1638 |
| | | |) | |
| Filed | : | June 20, 2000 |) | |
| | | |) | |
| For | : | DNA ENCODING <i>ERWINIA AMYLOVORA</i> |) | |
| | | HYPERSENSITIVE RESPONSE ELICITOR |) | |
| | | AND ITS USE |) | |

NOTICE OF APPEAL
AND
REQUEST FOR THREE-MONTH EXTENSION OF TIME

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated June 21, 2004, finally rejecting claims 40-48.

Applicants hereby request an extension of time of three months from the due date of September 21, 2004.

Enclosed is a check in the amount of \$760, which covers the \$250 cost of the appeal fee and the \$510 cost of the extension of time. Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

12/28/2004 AWONDAF1 00000100 09596958

01 FC:2401
02 FC:2253

250.00 OP
510.00 OP

Dated: December 21, 2004

Respectfully submitted,

Andrew K. Gonsalves
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Laura L. Trost